



## ARIZONA DEPARTMENT OF REAL ESTATE

2910 N 44<sup>th</sup> St, Ste 140, Phoenix, AZ 85018  
(602) 468-1414 FAX (602) 955-6284

400 W Congress, Ste 523, Tucson, AZ 85701  
www.azre.gov (520) 628-6940 FAX (520) 628-6941

Persons with disabilities who need this document in an alternative format should contact Business Services  
At 602.468.1414, ext. 101, or [IADA@re.state.az.us](mailto:IADA@re.state.az.us) to make their needs known.

### REQUEST FOR EXPEDITED INSTRUCTOR APPROVAL Form No. ED-103

Use this form if you are an ADRE-approved school seeking approval:

- For an instructor who is currently approved as an instructor for another approved school, or
- To supplement the credentials of an instructor currently approved for the submitting school. If not currently approved to teach the requested course(s) or similar courses on the same topic, provide details to substantiate the applicant's qualifications to teach the course or topic.

If not currently approved, do not use this form.

#### INSTRUCTOR INFORMATION AND CERTIFICATION

Applicant's Name (As Approved): \_\_\_\_\_

Approval #: \_\_\_\_\_ Expire Date: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Mailing Address (if changed): \_\_\_\_\_  
Include City, State & ZIP

Facsimile (optional): \_\_\_\_\_ Email (optional): \_\_\_\_\_

☐ I am approved by the ADRE to teach this same course for another approved school.

☐ I am approved by the ADRE to teach similar courses on this topic for this or another approved school.

☐ I have not previously been approved to teach this topic, but am qualified based on the following. (Attach a list of your designations, education and/ or experience that you believe demonstrate a level of knowledge on the topic sufficient to teach it.)

Note: By your signature below you authorize the Department to contact any and all persons who it deems necessary to confirm any information contained in this application and do further authorize any person contacted to release such information.

Instructor Applicant Signature/Date: \_\_\_\_\_

#### The School for which the Instructor will teach is:

School's Legal Name: \_\_\_\_\_ Approval #: \_\_\_\_\_

I have reviewed the instructor's qualifications and credentials and hereby request the Department approve this Instructor to teach the courses specified in this application at/for this School.

#### COURSES THIS INSTRUCTOR WILL TEACH AT THE SCHOOL (attach additional sheet if more space is needed)

Approved Course Title	Course Number	Exp. Date

Owner/Administrator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Administrator Signature: \_\_\_\_\_